

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ELIZABETHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 19E ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N1410	Continued From page 1 and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an earthquake drill was exercised annually. The findings include: Interview and record review with the Maintenance Director on March 19, 2012 at 10:15 a.m. confirmed the facility failed to perform earthquake drills annually. There was no documentation to indicate earthquake drills or in-service training was conducted in 2012 or 2011. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 19, 2012.	K 147	a) The maintenance director will report the results of the medical equipment/power strip audit to the performance improvement committee for 3 months. b) The performance improvement committee will review the results; and if deemed necessary by the committee, additional education may be provided. The process may be evaluated/revised and/or the audits reviewed for 3 months or until 100% compliance is achieved. c) Performance improvement committee members are the executive director, the medical director, the director of nursing, the assistant director of nursing, the MDS coordinator, the PPS nurse, the rehab services manager, the social services director, the dietary manager, the pharmacist, the maintenance director, the business office manager, the housekeeping supervisor, the staff development coordinator, and the wound care nurse.		5/5/12
		N848	<u>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</u> a) On 3/19/12, the maintenance director called and ordered exhaust fans. On 04/02/12, the maintenance director replaced the exhaust fans in the kitchen janitor's closet and in the laundry soiled linen room. Both rooms maintain negative air pressure. b) On 3/19/12, the maintenance director was in-serviced by the facility's executive director on ensuring that the facility adheres to building standards and specifications of maintaining negative air pressure in soiled spaces.		5/5/12

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ELIZABETHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 19E ELIZABETHTON, TN 37643		
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		N848	<p><u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <p>a) All facility residents have the potential to be affected by this deficient practice.</p> <p>b) On 03/19/12, the maintenance director audited all soiled/dirty areas to ensure that all exhaust fans were working and negative air pressure was achieved for all areas. All other soiled areas were found to be in compliance.</p> <p><u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u></p> <p>a) On 03/19/12, all maintenance personnel were in-serviced by the maintenance director on assuring building standards and specifications on negative air pressure in soiled areas is maintained.</p> <p>b) The maintenance director will audit exhaust fans to ensure negative air pressure is achieved in all dirty/soiled areas throughout the facility for 4 weeks and monthly for 2 months.</p> <p><u>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</u></p> <p>a) The maintenance director will report the results of the exhaust fan/negative air pressure audit to the performance improvement committee for 3 months.</p>	5/5/12	

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		N848	<p>b) The performance improvement committee will review the results; and if deemed necessary by the committee, additional education may be provided. The process may be evaluated/revised and/or the audits reviewed for 3 months or until 100% compliance is achieved.</p> <p>c) Performance improvement committee members are the executive director, the medical director, the director of nursing, the assistant director of nursing, the MDS coordinator, the PPS nurse, the rehab services manager, the social services director, the dietary manager, the pharmacist, the maintenance director, the business office manager, the housekeeping supervisor, the staff development coordinator, and the wound care nurse.</p>	5/5/12	
		N1410	<p><u>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>a) On 3/21/12, the maintenance director conducted an earthquake drill. The drill was evaluated and education was given to the staff.</p> <p>b) On 3/19/12, the maintenance director was in-serviced by the facility's executive director on regulatory requirements for external disaster procedures including an earthquake drill being exercised prior to March.</p> <p><u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <p>a) All facility residents have the potential to be affected by this deficient practice..</p>	5/5/12	

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		N1410	<p><u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u></p> <p>a) On 03/19/12, the maintenance director was in-serviced by the facility's executive director on assuring regulatory requirements are met for external disaster procedures including an earthquake drill being exercised prior to March.</p> <p>b) The maintenance director will keep an annual calendar of disaster drills planned for months prior to March. The maintenance director will audit the calendar monthly for 3 months to assure compliance.</p> <p><u>How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place:</u></p> <p>a) The maintenance director will report the results of the calendar audit to the performance improvement committee for 3 months.</p> <p>b) The performance improvement committee will review the results; and if deemed necessary by the committee, additional education may be provided. The process may be evaluated/revised and/or the audits reviewed for 3 months or until 100% compliance is achieved.</p> <p>c) Performance improvement committee members are the executive director, the medical director, the director of nursing, the assistant director of nursing, the MDS coordinator, the PPS nurse, the rehab services manager, the social services director, the dietary manager, the pharmacist, the maintenance director, the business office manager, the housekeeping supervisor, the staff development coordinator, and the wound care nurse.</p>	5/5/12	